2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S65195

1. Entity Name TEXINTER, INC.



FILED Jan 14, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

7701 SW 62 AVE 2ND FL

7701 SW 62 AVE

2ND FL

S MIAMI, FL 33143 US

S MIAMI, FL 33143 US



DO	NOT	WRITE	IN THIS	SPACE
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CR2E034 (11/05) 01022008 No Chg-P

4. FEI Number 65-0275697

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6	Name	and Addr	ess of Current	Registered Ac	en

GELFAND, ELLIOTT J. 10661 N KENDALL DR STE 201 MIAMI, FL 33176			DO NOT WRITE IN THIS SPACE		
8. The above the obligate	named entity submits this statement for the pions of registered agent. Signature, typed or printed name of registered agent and title			egistered agent, or be	oth, in the State of Florida. I am familiar with, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT D BAUGH, PETER 7701 SW 62 AVE 2ND FL S MIAMI, FL D ROEDENBECK, WILHELM 7701 SW 62 AVE 2ND FL S MIAMI, FL	CTORS			U00000784219 01/16/08-8004?-006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		_			NOT WRITE THIS SPACE
NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dete

Daytime Phone #